

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

146 3026 587 -62-043064

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300  
Rev. 4/59

17005

7005

3

4 0

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6

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9420.1

10

11

1270-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FULL NAME OF DECEASED a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		c. CITY OR TOWN <b>Independence</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>12115 Markham Rd.</b>		d. STREET ADDRESS <b>12115 Markham Rd.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>C.</b> Last <b>Hockery</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>30</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-29-1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Comptroller</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing Co.</b>	11. BIRTHPLACE (City and state or country) <b>Slater, Mo.</b>
13a. FATHER'S NAME <b>George A. Hockery</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Lea Fitzgerald</b>	14. NAME OF HUSBAND OR WIFE <b>Cecelia M. Hockery</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes WWI</b>		17. INFORMANT Address <b>Mrs. Cecelia M. Hockery home</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Tamponade</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Rupture of Myocardium</b> DUE TO (c) <b>Acute Myocardial Infarction</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Influenza</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b> <b>Immediate</b> <b>app 4 days</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7</b> a.m. p.m. Month, Day, Year <b>Nov 26, 1962</b>		20f. CITY, TOWN, OR LOCATION <b>Independence, Mo.</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <b>Nov 26, 1962</b> to <b>Nov 30, 1962</b> and last saw her/him alive on <b>Nov 29, 1962</b> Death occurred at <b>app 7 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>12/3/62</b>	
22a. SIGNATURE <b>W. H. Hickman</b> (Degree or title) <b>med</b>		22b. ADDRESS <b>604 W. Maple</b> <b>Independence, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-4-1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b>		25. DATE RECD. BY LOCAL REG. <b>12-3-62</b>	
26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

E. Hickerson  
604 W. Maple

DEC 10 1962

12-3-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm H Gentry

Licensed Embalmer No. 5038

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.